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Deposited on: 07/29/2002



1634/Box Seq

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number	09/634,960
Filing Date	08/08/2000
First Named Inventor	Frank Karlsen
Group Art Unit	1634 (Conf. No. 3988)
Examiner Name	Jehanne E. Souaya
Attorney Docket Number	5775.018

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

TECH CENTER 1600/2800

AUG 9 2002

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma 73113; Attn: Christopher W. Corbett
Signature	
Date	7/29/02

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EV106030706US in an envelope addressed to the address below on this date: 07/29/2002

Typed or printed name	Christopher W. Corbett
Signature	
Date	7/29/02

SEND TO: Box Fee Amendment  
Commissioner For Patents  
Washington, D.C. 20231

APPROVED

for

PTO DEPOSIT ACCOUNT CHARGE  
ACCOUNT#04-1700

DUNLAP, CODDING &amp; ROGERS PC

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 157

## Complete if Known

Application Number	09/634,960
Filing Date	08/08/2000
First Named Inventor	Frank Karlson
Examiner Name	Jehanne E. Souaya
Group Art Unit	1634 (Confirmation No.: 3988)
Attorney Docket No.	5775.018

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1700  
Deposit Account Name DUNLAP, CODDING & ROGERS, P.C.  
Cust. Number 30589

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 70	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ ) 0

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
27	25	2	18
7	5	2	84
Mult. Dependent			0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 102

\*for number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65		Surcharge - late filing fee or oath	
127 50	227 25		Surcharge - late provisional filing fee or cover sheet	
139 130	139 130		Non-English specification	
147 2,520	147 2,520		For filing a request for ex parte reexamination	
112 920*	112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115 110	215 55		Extension for reply within first month	
116 400	216 200		Extension for reply within second month	
117 920	217 460		Extension for reply within third month	
118 1,440	218 720		Extension for reply within fourth month	
128 1,960	228 980		Extension for reply within fifth month	
119 320	219 160		Notice of Appeal	
120 320	220 160		Filing a brief in support of an appeal	
121 280	221 140		Request for oral hearing	
138 1,510	138 1,510		Petition to institute a public use proceeding	
140 110	240 55		Petition to revive - unavoidable	
141 1,280	241 640		Petition to revive - unintentional	
142 1,280	242 640		Utility issue fee (or reissue)	
143 460	243 230		Design issue fee	
144 620	244 310		Plant issue fee	
122 130	122 130		Petitions to the Commissioner	
123 50	123 50		Processing fee under 37 CFR 1.17(q)	
126 180	126 180		Submission of Information Disclosure Stmt	
581 40	581 40		Recording each patent assignment per property (times number of properties)	
146 740	246 370		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370		For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370		Request for Continued Examination (RCE)	
169 900	169 900		Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 55

## SUBMITTED BY

Name (Print/Type) Christopher W. Corbett

Registration No. 36,109  
(Attorney/Agent)

## Complete (if applicable)

Telephone (405) 478-5344

Signature

Date 7/29/02

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Commissioner for Patents

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/634,960

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL	0

RATE	FEE
	\$ 0
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	** 20	=	0
Independent (37 CFR 1.16(b))	*	Minus	*** 3	=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	27	Minus	** 25	= 2
Independent (37 CFR 1.16(b))	*	7	Minus	*** 5	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9 =	18
x 42 =	84
+ 140 =	0
TOTAL ADDIT. FEE	102

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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